

PUERPERAL SEPTIC INFECTION.

SIR,—Dr. Playfair wisely calls attention to the cleanliness of catheters, among other details. For some time past, I have used glass catheters; they are simple, and any dirt in them can readily be seen. They are cheap, costing fourpence each; a new one can be used therefore with each case. They are quite safe in any hands by whom a catheter should be passed. Glass tubes and glass funnels I now always use instead of syringes; these, with some open pieces of connecting india-rubber tubing, can always be kept in stock. The use of them is safe, and efficacious. Good carbolic soap I find a better lubricant than oil or vaseline; it is washed away more easily afterwards.—I am, etc.,
EDWARD MALINS, M.D.
Birmingham.

MIDWIFERY EXAMINATIONS BY THE CONJOINT BOARD OF THE LONDON COLLEGES.

SIR,—With reference to the remarks of "Tutor" on London examinations in your recent issue, I hope you will allow me to give my experience of the L.R.C.P. examination.

I passed in chemistry and materia medica last July, and at the recent examination passed in midwifery, but was rejected in medicine. On inquiry I was told that my papers were satisfactory, but I was weak in my *viva voce* in medicine, which consists of clinical and oral medicine—in fact, the so-called practical part of the examination. In the clinical, the College does not, as formerly, examine candidates by the bedside in a hospital, but confines each man to a couple of chronic cases in the Examination Hall.

In the oral, I complain that although I was directed to attend at 7.15 P.M., yet it was not until nearly a quarter to nine that my turn came, and during this time I was kept waiting in a bare, unfurnished room, with a lot of other anxious men, with nothing to do but to fume and fret.

If by a practical examination the authorities mean they require such knowledge as is necessary to the candidate for practice, I protest against the term, for I am a practitioner of fourteen years' standing. I obtained several prizes and certificates at my medical school, I was house-physician and house-surgeon there, and have been house-surgeon for five years at two county hospitals, each of over one hundred beds, and I have since held (and for a great part made) a good general practice, averaging £1,300 a year, during which I have held many responsible appointments, yet I found the practical knowledge gained by such means of little use at the examination, and I am told by the College that I have failed, not at one of the higher examinations, but for the mere licence to practise, and that I am not only not a fit man to license, but, after ten years of hospital practice, that I cannot even be readmitted to examination without six months more hospital practice. I may add that before going up for examination I took the precaution of reading with an M.D. London, who has had considerable experience in passing men for the different examinations, and that he assured me I was safe to pass. I should also like, Sir, to draw your attention to the regulations at the College with regard to certificates; before I was admitted to the examination at all, I took all the necessary certificates except two, namely, of practical pharmacy, and of having attended twenty labours. These I had not by me, but urged that I held two diplomas, each of which required the same certificate, and also that the College had on several occasions accepted certificates from me that certain men had learnt their practical pharmacy in my surgery, and that I had been for several years surgeon to a lying-in institution; but in vain; I had to produce both certificates. Now, while they are thus particular with me who have had twenty years' practical pharmacy, on the other hand they admit young men after a few months in a laboratory, before they join a medical school, and who have no knowledge of anatomy, physiology, and pathology, and ask them questions on the action of digitalis, mercury, etc., and will be satisfied with what must of necessity be cram which they get in reply.

There are other points I should have liked to draw your attention to, but I am afraid I have already trespassed too much on your space.—I am, etc.,
M.R.C.S., L.S.A.
November 8th.

"NOT DUE TO VACCINATION."

SIR,—A letter under the above heading in the JOURNAL of November 5th reminds me of a very narrow escape which I had some time back. A child was brought for vaccination late on the first morning of the usual quarterly vaccination. My stock of lymph having been, luckily, exhausted, I told the mother to bring her child again at the proper time a week hence. This she did, but

for the purpose of procuring a postponement, for the child was suffering from a severe attack of eczema capitis.

Having frequently heard uncomplimentary remarks made respecting vaccination and vaccinators whilst performing my duties as public vaccinator, I availed myself of this opportunity to afford a number of the fair sex present an ocular demonstration of the liability to condemn vaccination unjustly, and, I am pleased to say, they "seemed to see it." Had vaccination been performed in this instance when the child was first brought, the feelings of exasperation on the part of the women, and of humiliation of myself, at its second appearance can be better imagined than described.—I am, etc.,

Carlton, near Nottingham.

T. F. KNIGHT.

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

SIR,—I beg to offer my own experience and observation as to the working of the various Acts.

Directly after my graduation I accepted an appointment in a public dispensary in a town free from all Acts. This freedom seemed to me deplorable. Children in the desquamating stage of scarlet fever were running about the streets uncontrolled, and nothing short of an inquest, and the consequent appearance of a policeman at a house, sufficed to inform us of the spread of disease. And yet, so far as I could learn, the fever house (a charity) was not unpopular.

I next went to a hospital, where I had also under my charge a large fever hospital, admitting typhus, typhoid, and scarlet fever cases. Admission was compulsory under order of the medical officer of health, and there was a house of detention for other members of the family, which was not in my charge. There was also notification, but it was—thanks to the action of the local practitioners—confined absolutely to the householder; no responsibility whatever attached to the "doctor" in charge of the case. The result was a partial success; but I could not help seeing that the limitation of the Act embarrassed the "doctor" in two different directions: 1. There was the difficulty with the householder; the "doctor" could tell him the nature of the case, but could not force him to report it, and dared not, at the risk of his practice, report the case himself. One shrewd practitioner and enthusiastic votary of preventive medicine told me a most laughable tale of the way in which he had circumvented a dairyman who had a child ill with scarlet fever and would not report it. 2. There was also the difficulty with brother practitioners, who refused to acknowledge their obligations to prevent disease, and made it a practice to decline giving a diagnosis at all. I know myself that at least one of the local practitioners gave the sanitary authorities untold trouble by his perversity in that respect. My experience so far led me to believe that the dual system of notification was, on the whole, the best.

I have since spent three years and a half in club practice in two large towns. In each of these places the dual system of notification was in force; in each my own experience was that the whole burden of notification practically fell upon the "doctor;" but I always found, as I expected, that the obligation was a protection; frequently a fond mother would implore me not to notify her case, but on being told that there was no alternative for me except a heavy fine, I almost invariably found that they listened to reason.

I am now in possession of a country practice absolutely unprotected by Acts, and possessing a notoriety for epidemics of diphtheria. The necessity for such Acts in rural districts is, therefore, a question on which, perhaps, I may be better able to give an opinion hereafter.

I would offer two general remarks suggested by my own experience.

1. A notification Act is almost useless unless there is a good fever hospital and house of detention, with compulsory admission into both, the homes being thoroughly disinfected in the absence of the family.
2. As regards Mr. Parker's letter in the JOURNAL of November 5th, I quite agree with him as to the danger of neglecting mild cases of scarlet fever; but I have always been doubtful of the correctness of the general opinion—which he homologates—that adult cases are more severe than those in childhood; in my own experience severity has been pretty equally distributed among the various ages of life, but I may have been fortunate.—I am, etc.,
M. B. EDIN.

CENTENARIANS.—Mrs. Michael, of North Somercotes, Lincolnshire, who is well known in the neighbourhood, attained her 100th year on Saturday last.—Mrs. Margaret Brace, Typatrish Farm, Pembrey, has just died at the age of 104 years. She possessed all her faculties, and was in excellent health to within a fortnight of her death.

QUEEN'S COLLEGE, CORK.—The following scholarships and exhibitions have been awarded in the Faculty of Medicine.—Fourth year: Physiology, Anatomy, and Surgery, James Jackson; Medicine, Midwifery, and Medical Jurisprudence, J. F. Ryan; Exhibitions, George W. Jenney, J. H. Wilson.